

Name
in
Full

L E M Barber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Elkton ^{Town} Cecil ^{County} MARYLAND

Date of death 1910 ^{Month} March ^{Day} 11 ^{Years} 70 ^{Months} ^{Days}

Sex male Color or Race white Birth-place Del.

Occupation retired farmer Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Elma M. Barber

Father's Name Wm Barber Father's Birthplace Del

Mother's Maiden Name no information Mother's Birthplace Don't know

Name of person giving information Elma M Barber How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apoplexy

How long

64 Sudden

Immediate

Exhaust

How long

6 months

Are the name, age, sex, color, date and place correctly given above?

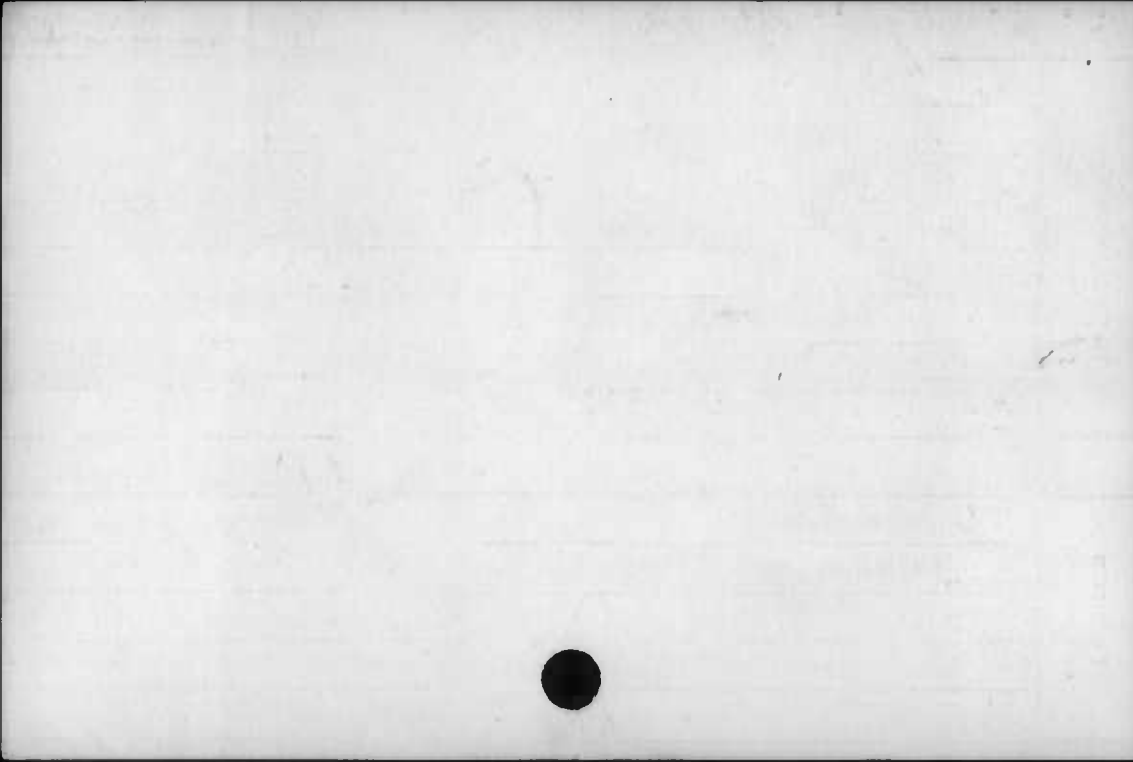
yes

Signature of Physician

Address

Dr. J. Cawley
Elkton
md

Accident or Suicide?



Name
in
Full

Martin C. Barr,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cecil Mills</i>		County <i>Cecil</i>		MARYLAND	
Date of death	<i>10</i>	Month <i>March</i>	Day <i>16</i>	Years <i>79</i>	Months <i>11</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Pennsylvania</i>		
Occupation			Where Residing if not at place of death <i>Cecil Mills</i>		
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Rachel Barr</i>			
Father's Name <i>David Barr</i>			Father's Birthplace <i>Penn</i>		
Mother's Maiden Name <i>Anna Barr</i>			Mother's Birthplace <i>Penn</i>		
Name of person giving information <i>Mable McArthur</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Lagrippe</i>	How long <i>one week</i>
Immediate <i>Heart failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. S. Darr</i>
<i>Yes</i>	Address <i>Prising Lane Md</i>
Accident or Suicide?	



Name
in
Full

Zerna M. Basford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Penrynville		County		Lee	
Date of death		1960	Month	12	Day	Age	33
Sex		Female		Color or Race		White	
Occupation		Housework		Where Residing if not at place of death		Penrynville, Md.	
Married, Single or Widowed		Married		Name of Wife or Husband		Thos. S. Basford	
Father's Name		Francis Whitter		Father's Birthplace		Md.	
Mother's Maiden Name		Margaret Whitter		Mother's Birthplace		Md.	
Name of person giving Information		Thos. S. Basford		How related to deceased		Husband	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Some Time
Immediate	Progressive Cardiac Asthenia	How long	Short
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		L. G. Taylor M. D.	
Address		Penrynville, Md.	
Accident or Suicide		✓	



Name
in
Full

Caroline L. Becknell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at ^{Town} Elktion ^{County} Cecil MARYLAND

Date of death 1964 ^{Month} inch ^{Day} 14 ^{Years} Age 74 ^{Months} ^{Days}

Sex Female Color or Race white Birth-place Del

Occupation - None Where Residing if not at place of death

Married, Single or Widowed widowed Name of Wife or Husband Wm Becknell

Father's Name Samuel P Fowler Father's Birthplace Del

Mother's Maiden Name Rebecca A Titter Mother's Birthplace "

Name of person giving Information Mrs Laura Maxwell How related to deceased Sister

CAUSES OF DEATH

Primary Capillary Bronchitis How long 3 weeks

Immediate Heart failure How long 12 hours

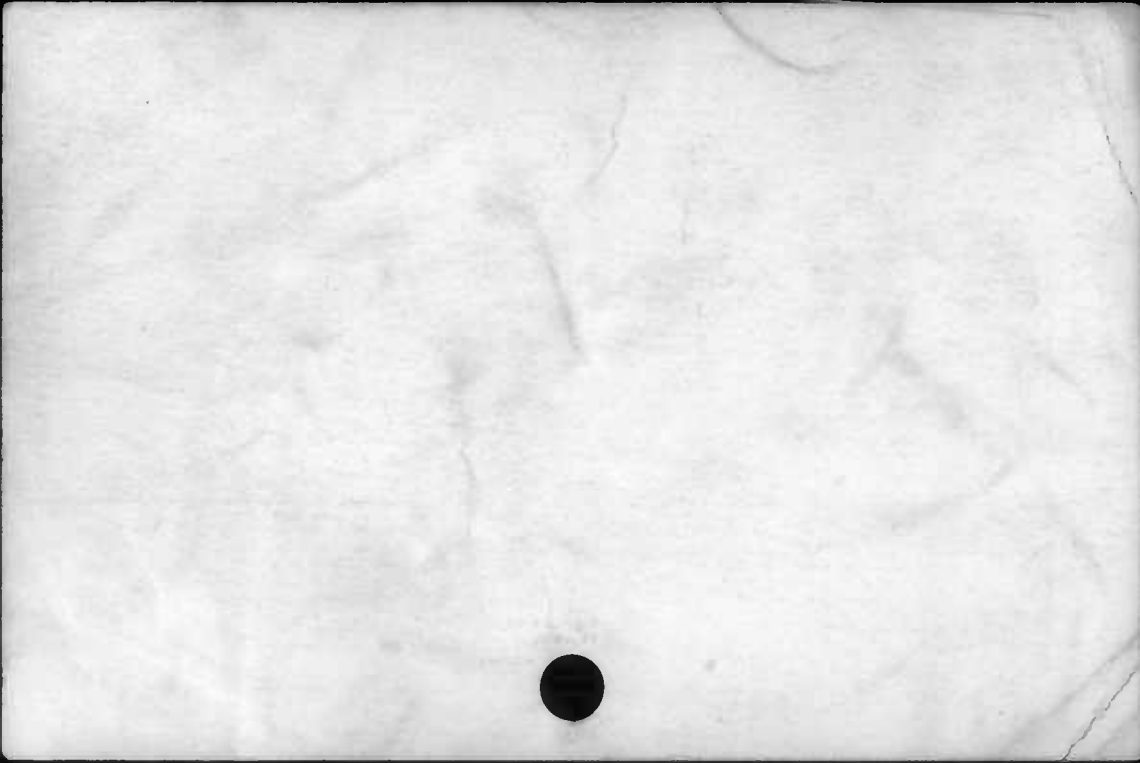
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. A. Morrison

Address Elktion, Md.

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Georgianna Boyd</i>		County <i>Cecil</i>		MAYLAND	
Died at <i>Near Port Deposit</i>		Month <i>March</i>		Days <i>—</i>	
Date of death <i>1910</i>		Day <i>26</i>		Age <i>58</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near Port Deposit</i>	
Occupation <i>Housekeeping</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Boyd</i>		Father's Birthplace <i>Cecil Co Md</i>			
Mother's Maiden Name <i>Eveline Whitelock</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Henry Boyd</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

(61) ✓

PHYSICIAN
OR CORONER

Primary

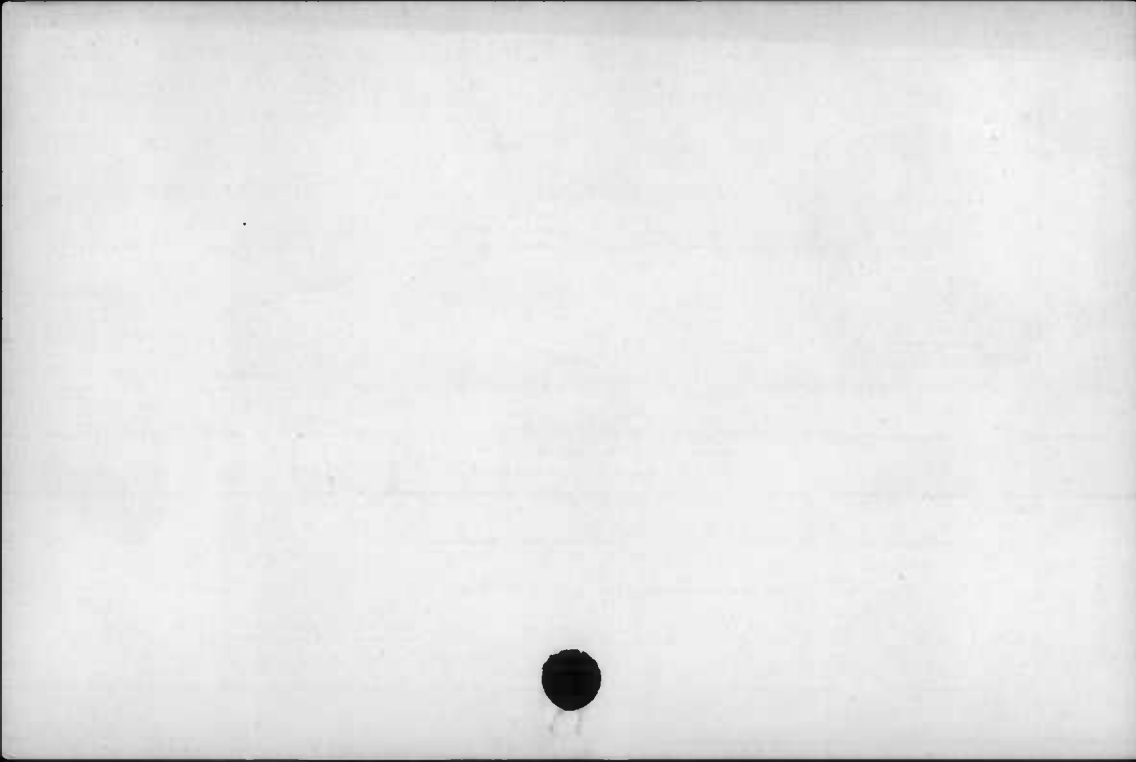
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

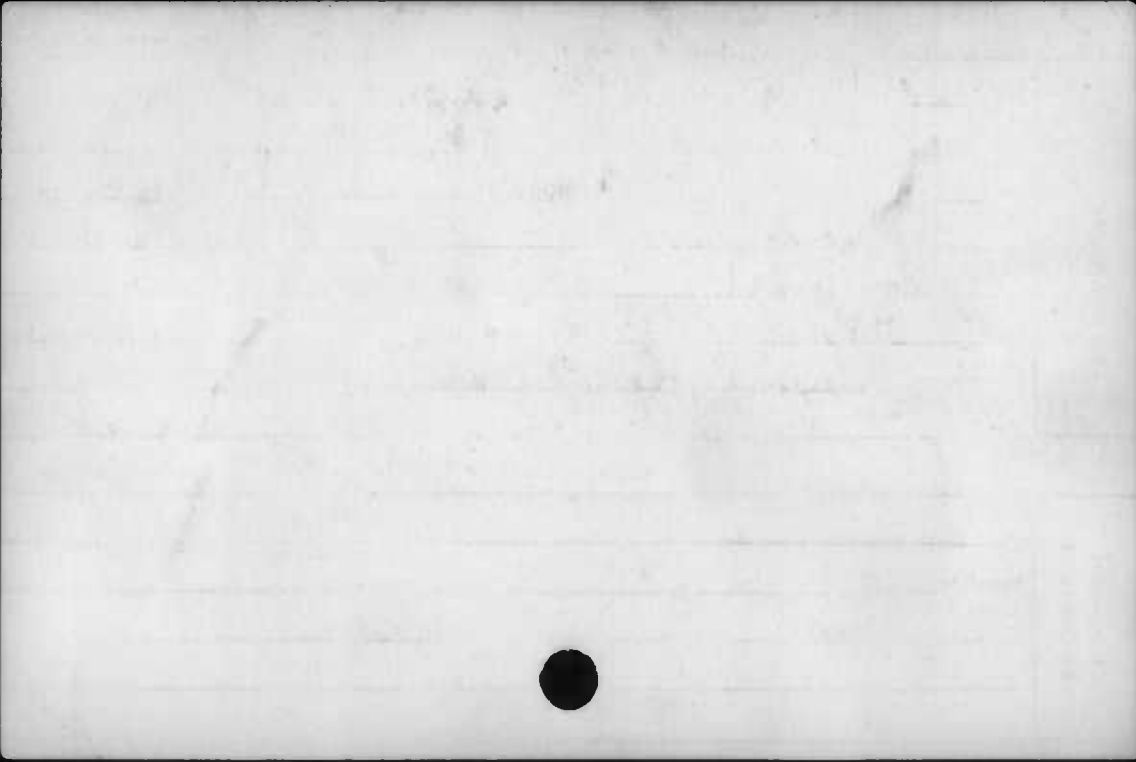
Died at <i>Port-Deposit</i> ^{Town} <i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	Month <i>3</i>	Day <i>21</i>	Age <i>38</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Elkton Md</i>	
Occupation <i>Doctor (M.D.)</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary M. Clemson</i>		
Father's Name <i>Oliver P. Clemson</i>	Father's Birthplace <i>Pennsylvania</i>		
Mother's Maiden Name <i>Sarah L. Rea</i>	Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Mary M. Clemson</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary <i>Acute Gastritis</i>	How long <i>Week</i>
Immediate <i>Cerebral Pailure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. M. Stearns</i>
	Address <i>Perryville - Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah Crouch* Town *Elk Creek* County *Cecil* MARYLAND

Died at *Elk Creek* Date of death 19*00* Month *March* Day *12* Age *71* Months *11* Days *11*

Sex *Female* Color or Race *White* Birth-place *Elk Creek*

Occupation *Housekeeper* Where Residing if not at place of death *Elk Creek*

Married, Single or Widowed *Widow* Name of Wife or Husband

Father's Name *Thomas B. Crouch* Father's Birthplace *Cecil Co*

Mother's Maiden Name *Mary Barnett* Mother's Birthplace *Cecil Co*

Name of person giving Information *Wm L Crouch* How related to deceased *Son*

CAUSES OF DEATH

187

How long

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide

Thas-

Name
in
Full

Lewis Cummings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Port-Deposit* *Cecil* County
 Date of death *1910* *March* *27* *Age* *73* *Months* *1* *Days* *—*
 Sex *Male* Color or Race *White* Birth-place *Cecil Co Md*
 Occupation *Harmon maker* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband *Rachel R Cummings*
 Father's Name *James Cummings* Father's Birthplace *Unknown*
 Mother's Maiden Name *Jane McCalgen* Mother's Birthplace *"*
 Name of person giving information *Rachel R Cummings* How related to deceased *Wife*

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary *Chronic Rheumatism* How long *2 yrs*
 Immediate *Heart failure* How long *10 days*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. G. J. J. J.*
 Address *Liberty, Crin*
 Accident or Suicide? *No*



Name
in
Full

Edgar Y. Freeman

CERTIFICATE OF DEATH

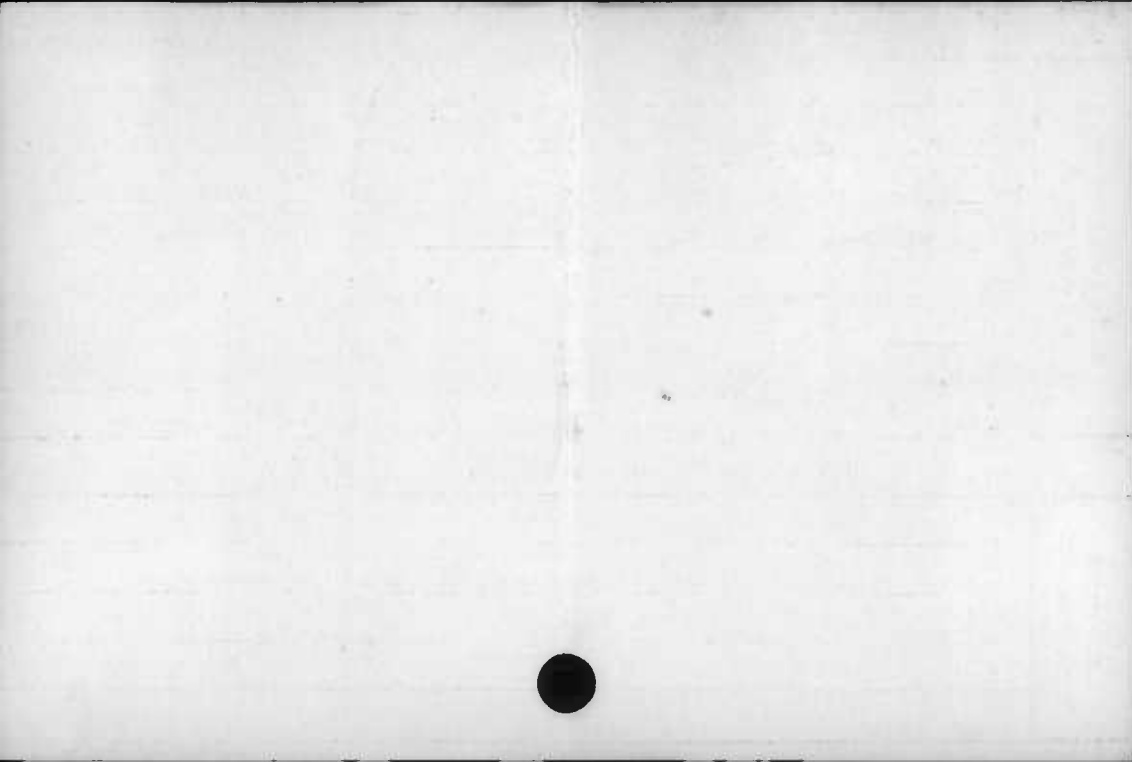
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Earlsville</i> ^{County} <i>Cecil</i>		MARYLAND	
Date of death <i>19</i> / <i>10</i> / <i>3</i>	Month <i>3</i>	Day <i>11</i>	Age <i>3</i> Years Months <i>1</i> Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Cecil Co, Md.</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Alexander Freeman</i>		Father's Birthplace <i>Cecil Co Md</i>	
Mother's Maiden Name <i>Mary Yildow</i>		Mother's Birthplace <i>Harford Co Md</i>	
Name of person giving information <i>Alexander Freeman</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>5 days</i>
Immediate <i>Ataxial Pneumonia</i>	How long <i>7</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>N.M. Black</i>
	Address <i>Belvidere Md</i>
Accident or Suicide?	



Name
in
Full

Thomas Gavin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Richmanswood</i>		County <i>Beail</i>		MARYLAND	
Date of death	19 <i>60</i>	Month <i>March</i>	Day <i>8</i>	Years <i>71</i>	Months <i>5</i> Days <i>26</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Beail Co.,</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Richmanswood</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>[initials]</i>			
Father's Name <i>Thomas Gavin</i>			Father's Birthplace <i>Penn</i>		
Mother's Maiden Name <i>Louisa Brown</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Benj Gavin</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

62

PHYSICIAN
OR CORONER

Primary	<i>Locomotor Ataxia</i>	How long	<i>4 mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Ernest Rowland</i>	
		Address <i>Liberty Grove Md</i>	
Accident or Suicide? <i>[initials]</i>			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

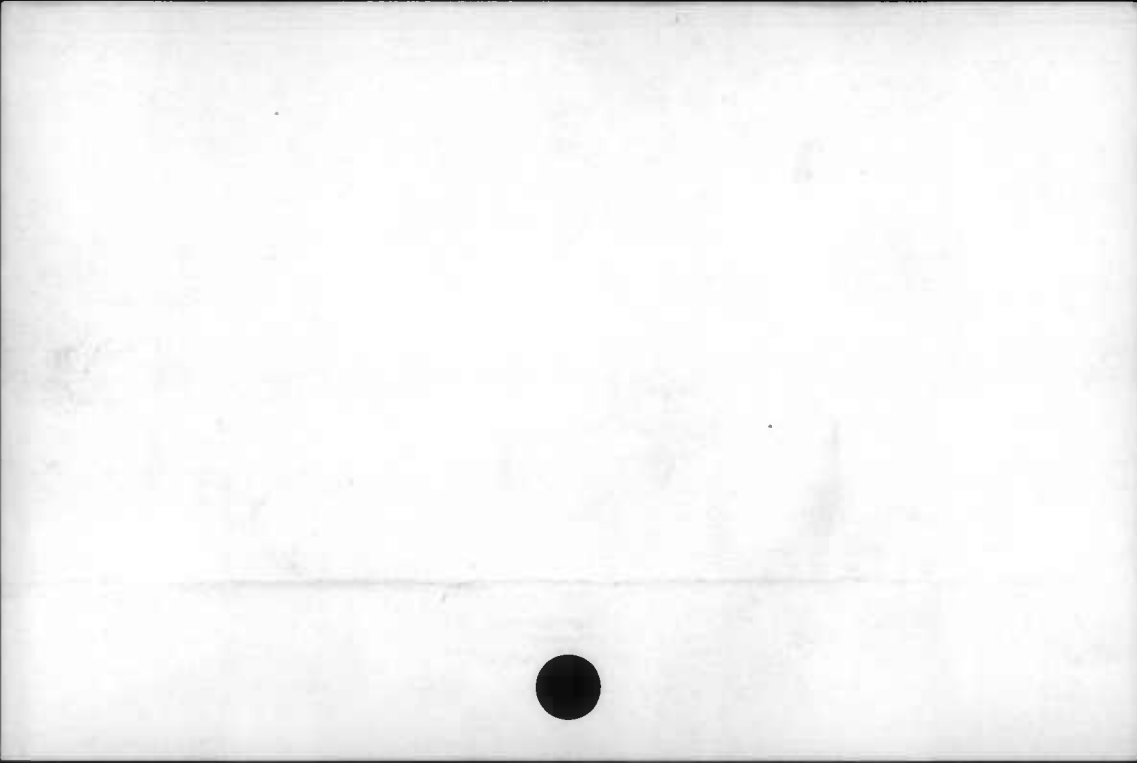
Died at *Elk Neck* Town *beech* CountyDate of death 19 *10* Month *March* Day *25* Age *Unknown* Years Months DaysSex *Male* Color or Race *White* Birth-place *Unknown*Occupation *Laborer* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving Information *Winton Pinner* How related to deceased *Niece*

CAUSES OF DEATH

Primary *Enteric Colitis* How long *One Week*Immediate *Exacerbation - hemorrhage* How longAre the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Theo A Morrall*Address *North East*
Me

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Alfred Griffith

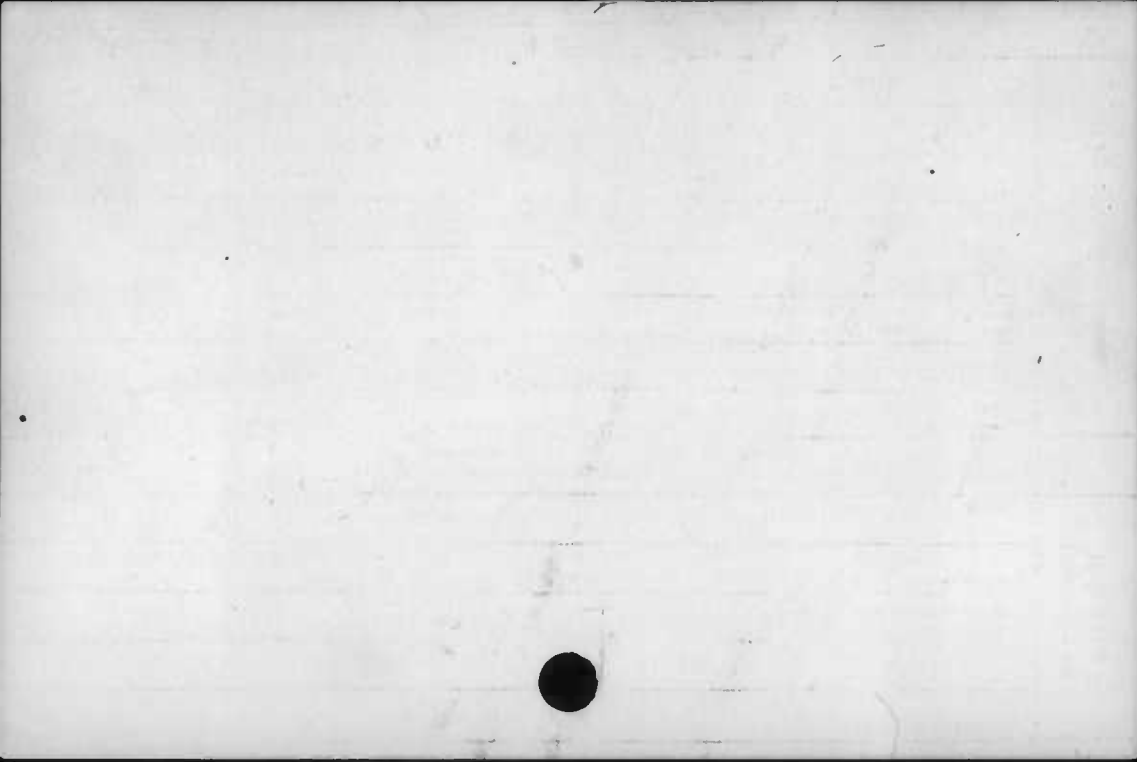
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Elkton		Cecil		MARYLAND	
Date of death	1910	Month	3	Day	26	Age	34
Sex	male	Color or Race	colored	Birth-place	Mexico		
Occupation	Hootler		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Wife or Husband Kate White Griffith				
Father's Name	W. B. Griffith			Father's Birthplace		Mexico	
Mother's Maiden Name	C. Griffith			Mother's Birthplace		Mexico	
Name of person giving information	Kate White			How related to deceased		wife	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis		How long	27
	Immediate	Exhaustion		How long	2 years
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		Alfred Griffith		
Address		Elkton, Md.			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

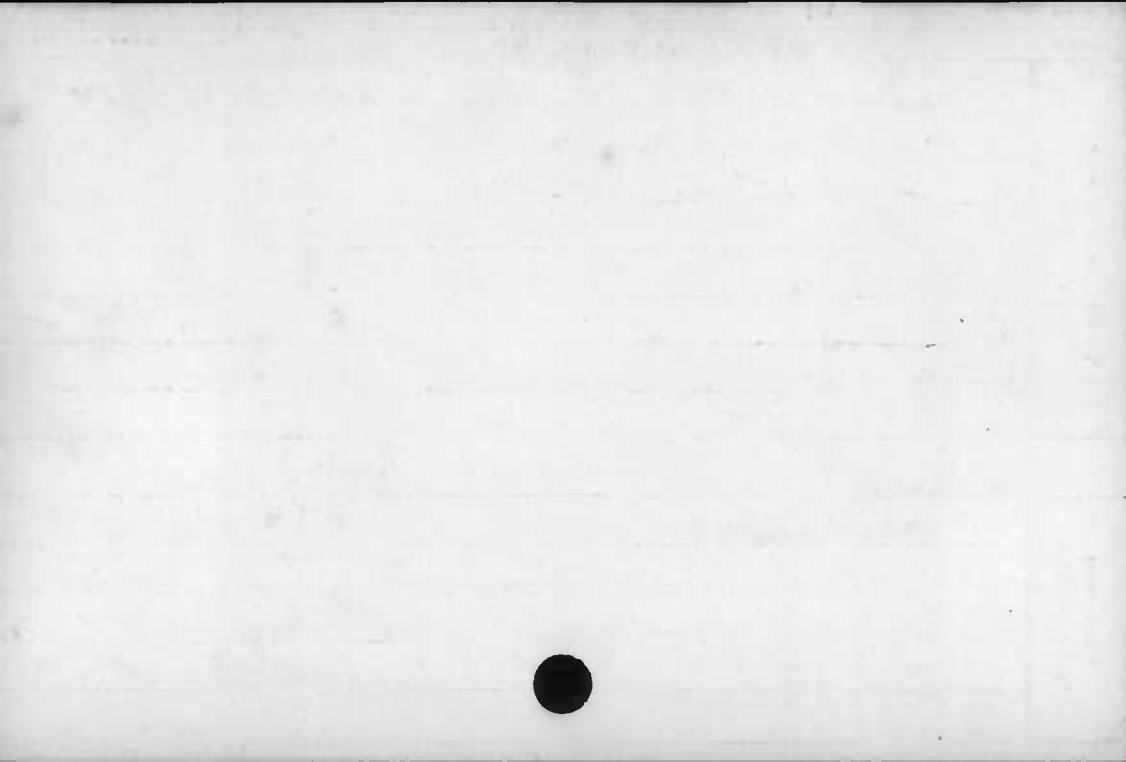
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Elkton</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1910	Month	3	Day	26
Age	<i>Stillborn</i>				
Sex	<i>female</i>		Color or Race	<i>white</i>	
Occupation	<i>—</i>		Birth-place	<i>near Elkton Md</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>		
Father's Name	<i>B. B. Harris</i>			Father's Birthplace	<i>Del.</i>
Mother's Maiden Name	<i>Anna Harris</i>			Mother's Birthplace	<i>Del.</i>
Name of person giving information	<i>B B Harris</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>✓</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Harold Mitchell</i>
		Address	<i>Elkton Md</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

Harriet - Elvira Hawley

Town

County

Died - Near Zion

Date

of death 1900 Mar.

Month

Day

Age

Years

Months

Days

MARYLAND

Sex

Female

Color or
Race

White -

Birth-
place

Delaware

Occupation

No

Where Residing if not
at place of death

Near Zion Md.

Married, Single
or Widowed

Married

Name of Wife or
Husband

John B. Hawley

Father's
Name

John Cropper

Father's
Birthplace

Penn.

Mother's
Maiden Name

Ann Sheward

Mother's
Birthplace

Del.

Name of person giving
In formation

John B. Hawley

How related
to deceased

Husband.

CAUSES OF DEATH

92

Primary

Melancholia chronic

How long

2 years.

Immediate

Catastrophic Pneumonia

How long

11 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Chas. F. Miller.

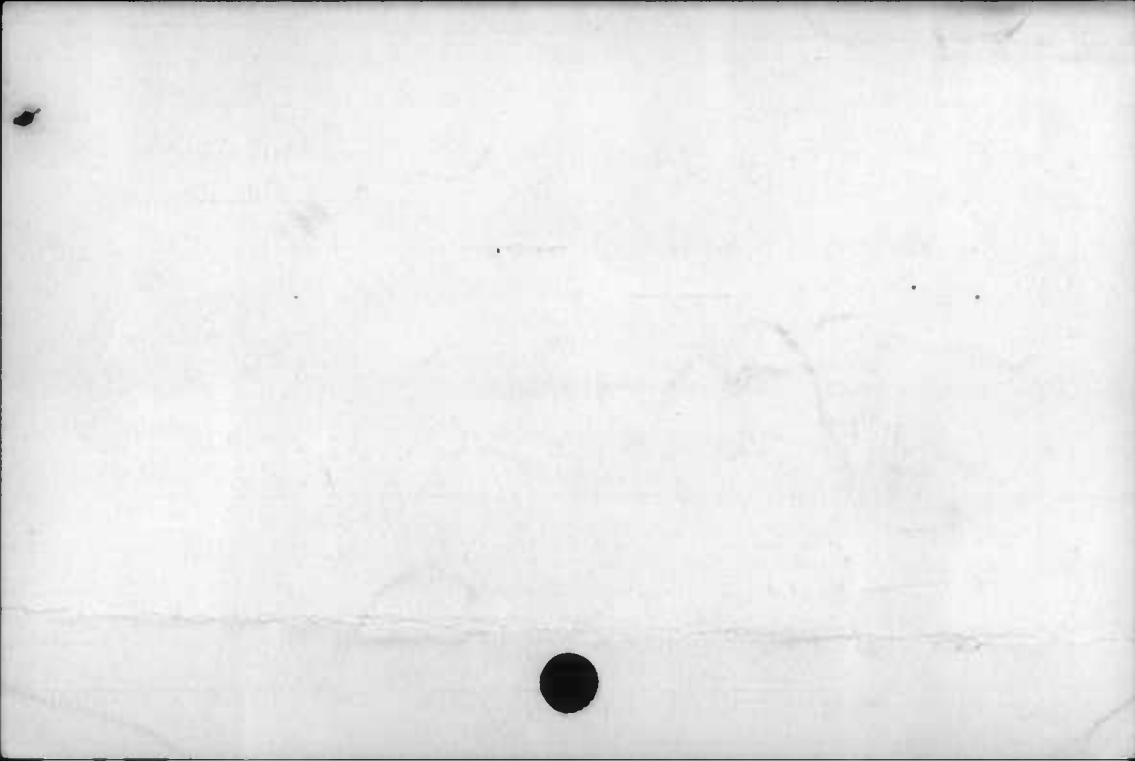
Address

North East.

Accident or Suicide?

Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chippewake City</i>		County <i>Care</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>March</i>	Day <i>1</i>	Age Years <i>71</i>	Months <i>8</i>	Days <i>-</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Sumner County Del</i>				
Occupation <i>Retired</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Thomas Jones</i>				Father's Birthplace <i>Del</i>			
Mother's Maiden Name <i>Rachel Chen Samuel</i>				Mother's Birthplace <i>..</i>			
Name of person giving In formation <i>Mrs. Emma Willis</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>8 days</i>
Immediate <i>Pneumonia</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. C. Harsner</i>
	Address <i>Chippewake City Del</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

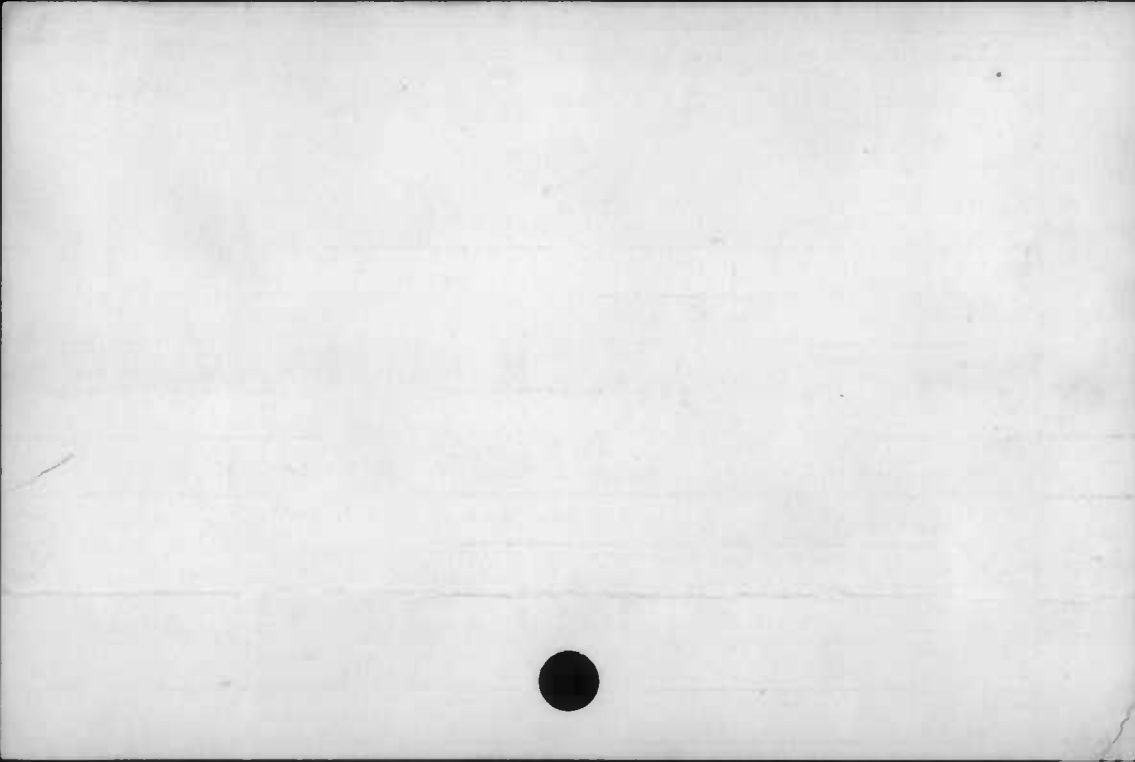
Died at		Town <i>Charleston</i>		County <i>Calhoun</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>Mar</i>	Day <i>9</i>	Age <i>56</i>	Years	Months <i>6</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Charleston S.C.</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Baltimore, Maryland</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>James M. King</i>						
Father's Name <i>James M. King</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Willie Mae Cooper</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving Information <i>Dr. Saml J. King</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

40 ✓

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Liver, Intestine & Stomach</i>	How long <i>One year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Cantwell</i>
	Address <i>Unit East Maryland</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Saddie Rebecca Hauss

Town

County

MARYLAND

Died at

Colona

Cecil

Date

Month

Day

Years

Months

Days

of death

1910

March

2

Age

28

—

—

Sex

Female

Color or
Race

White

Birth-
place

Rising Sun

Occupation

Housekeeper

Where Residing if not
at place of death

Colona Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Clarence Hauss

Father's
Name

Taylor Moore

Father's
Birthplace

Rising Sun

Mother's
Maiden Name

Emily Anderson

Mother's
Birthplace

Rising Sun

Name of person giving
Information

Clarence Hauss

How related
to deceased

Husband

CAUSES OF DEATH

64

Primary

Apoplexy

How long

1 hr

Immediate

Exhaustion

How long

1 hr

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Ernest Rowland

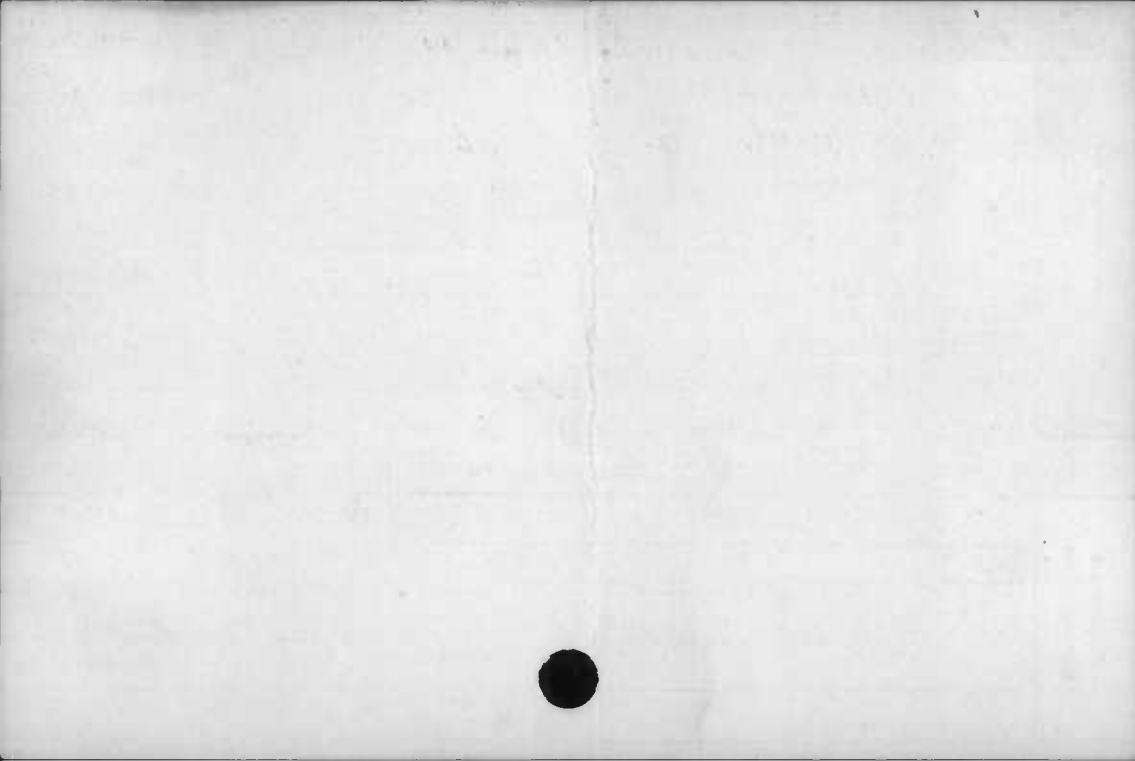
Address

Liberty Groove
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake City</i>		County <i>Cecil</i>		MARYLAND	
Date of death 19 <i>0</i>	Month <i>March</i>	Day <i>3</i>	Age <i>72</i>	Months <i>2</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co.</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Samuel Lloyd</i>				
Father's Name <i>John Chambers</i>	Father's Birthplace <i>Cecil Co</i>				
Mother's Maiden Name <i>Rebecca Chambers</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Julia Foster</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

119

Primary

Acute Nephritis

How long

Two weeks

Immediate

Uremia

How long

about ten days

Are the name, age, sex, color, date and place correctly given above?

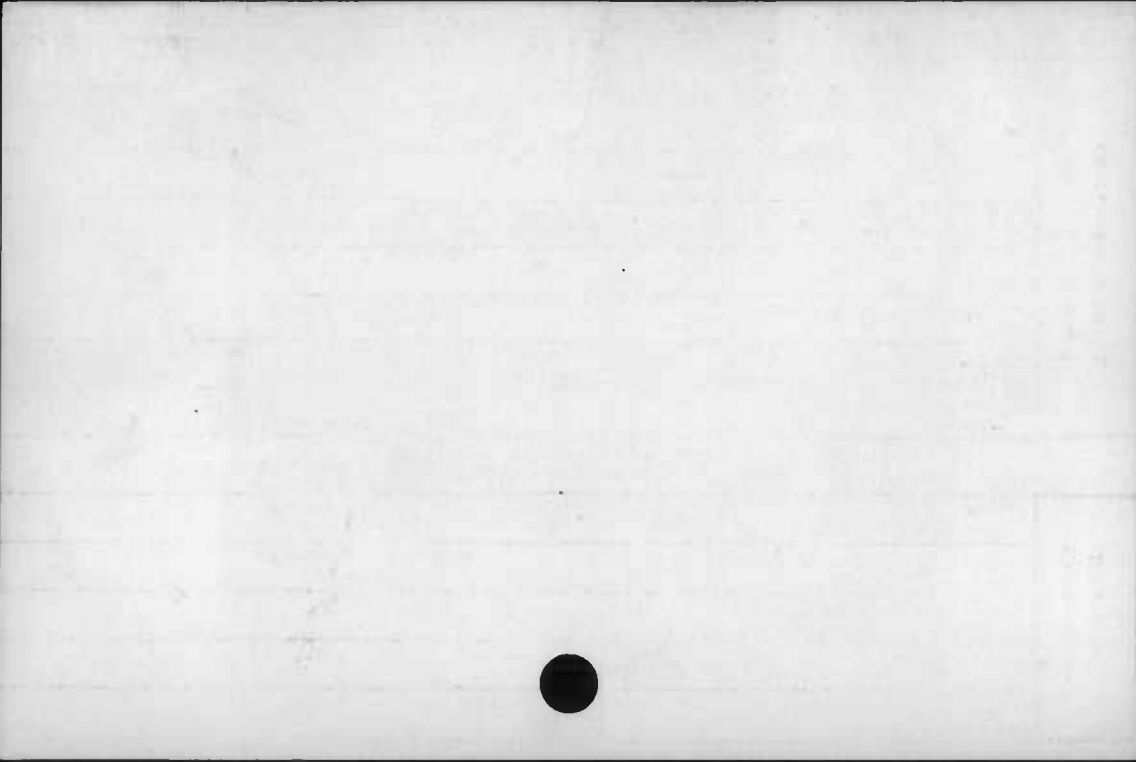
Signature of Physician

J. J. Conaway M.D.

Address

Chesapeake City, Md

Accident or Suicide?



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

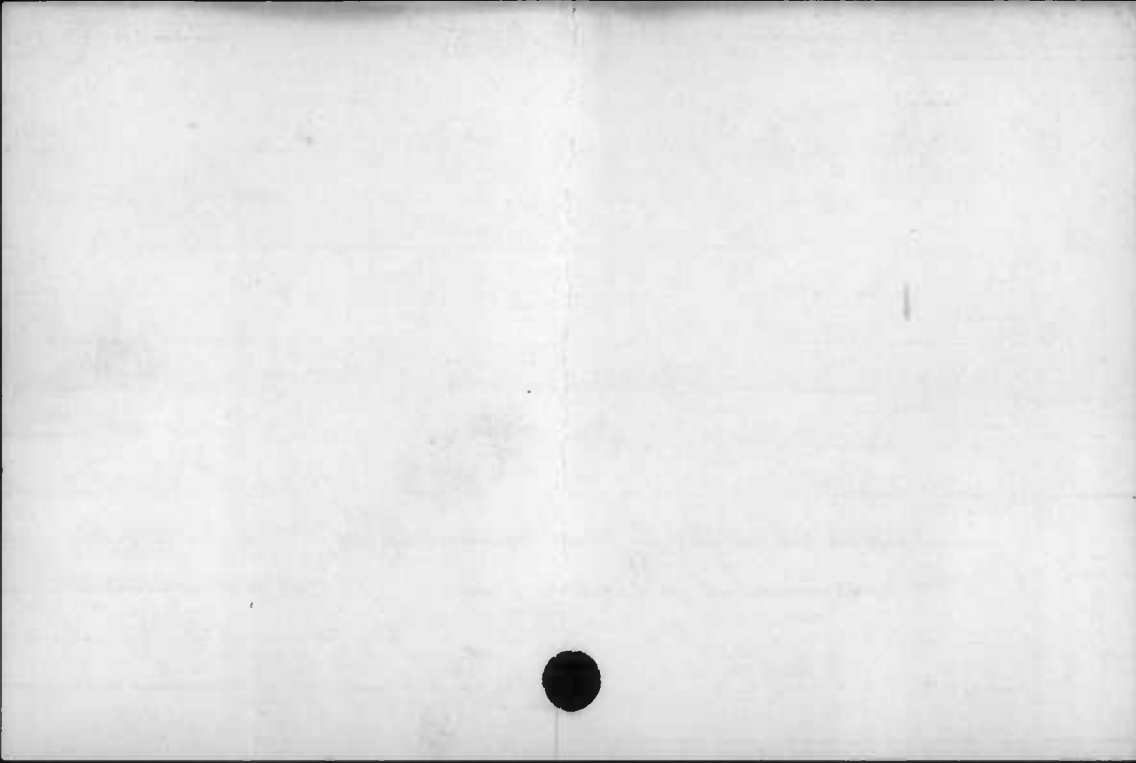
Died at <i>Cheswally</i> ^{Town}			<i>Greil</i> ^{County}			MARYLAND	
Date of death 1910	Month <i>March</i>	Day <i>6th</i>	Age <i>10</i>	Years	Months <i>4</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cheswally</i>				
Occupation <i>None. Scholar</i>			Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>A</i>				
Father's Name <i>Martin Luther McCardell</i>				Father's Birthplace <i>Cheswally</i>			
Mother's Maiden Name <i>Rachel Catharine Smith</i>				Mother's Birthplace <i>Rowlandville</i>			
Name of person giving information <i>Gro. W. McCardell</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary <i>Pneumonia & Typhoid</i>	How long <i>3 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. Jack</i>
<i>No</i>	Address <i>Liberty Grove Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William H McCush

Died at *Perryman* ^{Town} *Pearl* ^{County}

MARYLAND

Date of death *1900* Month *Mar* Day *29* Age *78* Years Months Days

Sex *male* Color of Race *white* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband

Father's Name *McCush* Father's Birthplace *Perryman*

Mother's Maiden Name *Elizabeth Knight* Mother's Birthplace *"*

Name of person giving information *James McCush* How related to deceased *son*

CAUSES OF DEATH

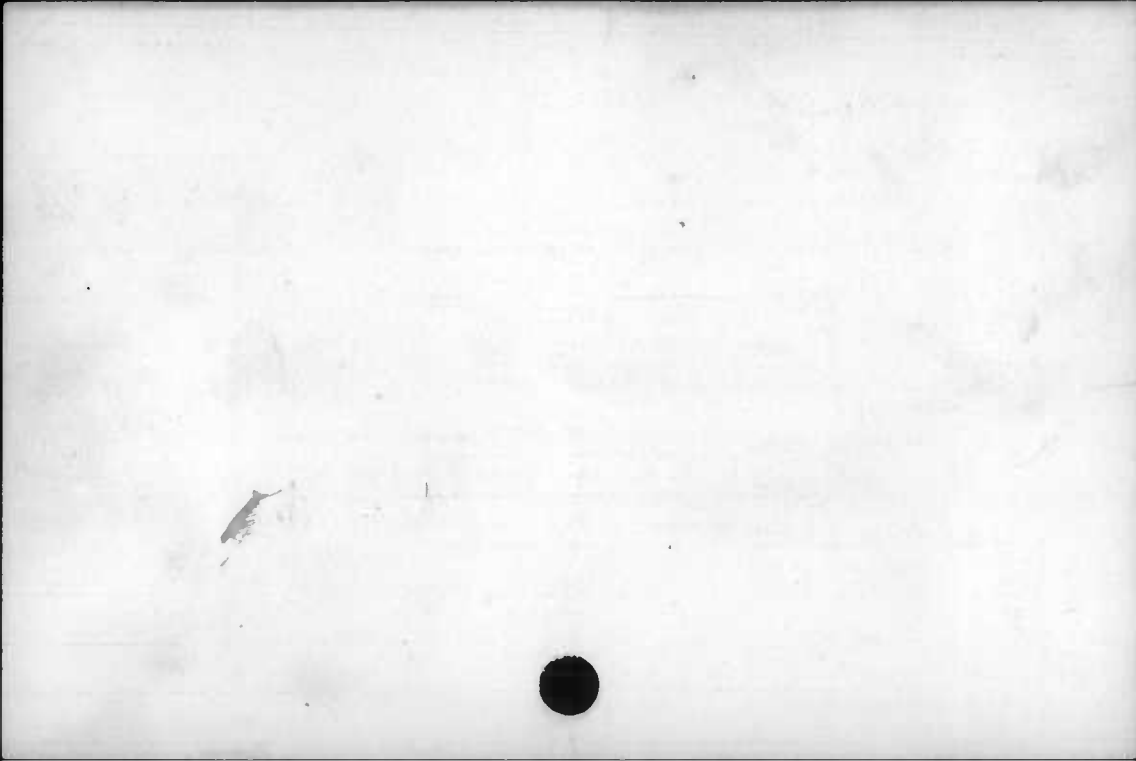
Primary *Atheroma* How long *some 4 years*

Immediate *Pneumonia* How long *7 days*

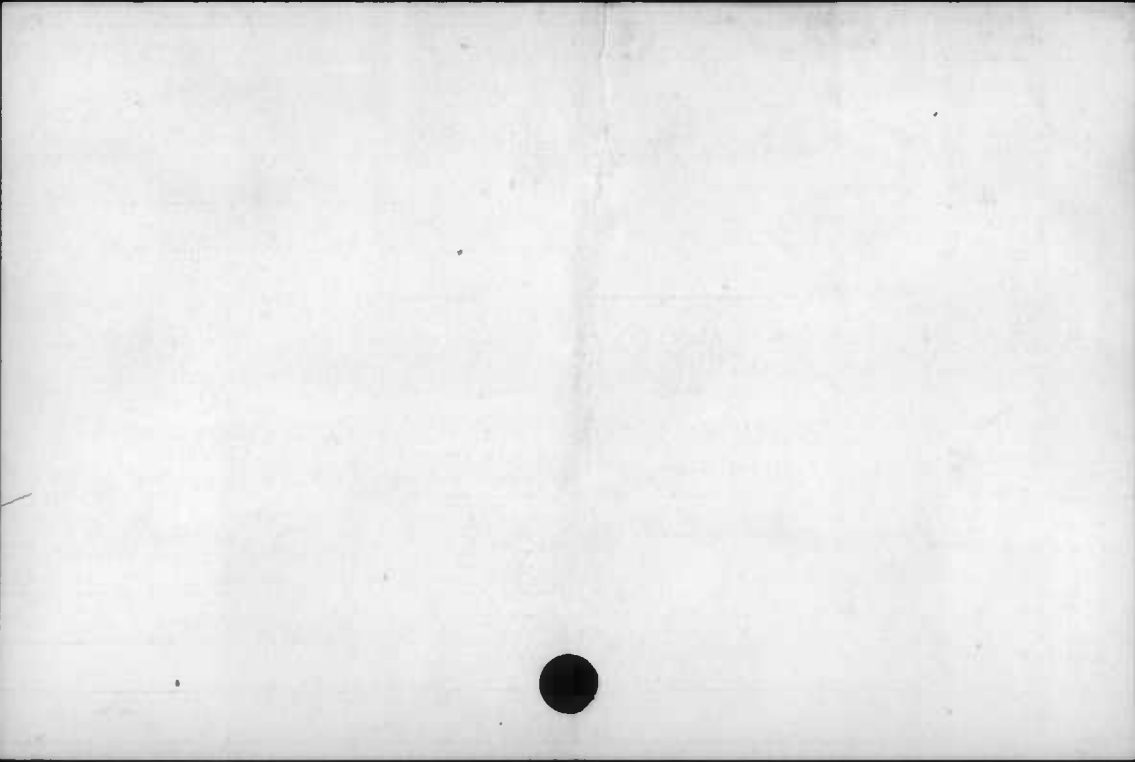
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *John H. Jones*
Address *Perryman*

Accident or Suicide?



Name in Full		David Maher				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Rising Sun		County		Cecil		MARYLAND		
		Date of death		1940	Month	March	Day	5	Age	70	Months	-
		Sex		Male		Color or Race		white		Birth-place		Ireland
		Occupation		labourer		Where Residing if not at place of death		Near Rising Sun				
		Married or Widowed		Widowed		Name of Wife or Husband						
TO BE ANSWERED BY NEAREST FRIEND		Father's Name				Daniel Maher				Father's Birthplace		Ireland
		Mother's Maiden Name				Don't know				Mother's Birthplace		" "
		Name of person giving information				Margaret Hawley				How related to deceased		Daughter
						CAUSES OF DEATH				<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">92</div>		
PHYSICIAN OR CORONER		Primary		Pneumonia and shock						How long		
		Immediate		Heart Failure						How long		few hours
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. Geo. S. Bass				
						Address		Rising Sun Md				
H		Accident or Suicide?										



Name
in
Full

Florence Mahie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Elkton* Town *Cecil* County

Date of death 19*60* Month *March* Day *17* Age *14* Years Months *11* Days

Sex *Female* Color or Race *White* Birth-place *Del*

Occupation *Home-maid* Where Residing if not at place of death *near Providence Ind*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Harry G Mahie*

Father's Birthplace *Pa*

Mother's Maiden Name *Sarah R Foracre*

Mother's Birthplace *Del*

Name of person giving Information *Sarah R Foracre*

How related to deceased *Mother*

CAUSES OF DEATH

Primary *Pyæmia*

How long *2 1/2 hrs*

Immediate *Exhaustion*

How long
Signature of Physician *Hubert Mitchell MD*
Address *Elkton Ind*

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Mitchell

Died at *Seaton* Town *Seaton* County *Seaton* MARYLAND

Date of death *1900* Month *3* Day *17* Age *75* Years Months *-* Days *-*

Sex *Female* Color or Race *White* Birth-place *Del*

Occupation *house wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *James Mitchell*

Father's Name *Unknown* Father's Birthplace

Mother's Maiden Name *Unknown* Mother's Birthplace

Name of person giving Information *James Mitchell* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Arterio Sclerosis* How long *81* *Generalized*

Immediate *Heart failure* How long *-*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Harold Mitchell MD*

Address *Seaton*

Seaton Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Deborah Moneg* Town *Cepheton* County *Cecil Co.* MARYLAND

Died at *Cepheton*

Date of death 19 *10* Month *Mar* Day *19* Age Years *83* Months *—* Days *6*

Sex *Female* Color or Race *White* Birth-place *Penn.*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *William Moneg*

Father's Name *Jemie Tiers* Father's Birthplace *Unknown*

Mother's Maiden Name *Fannan Dean* Mother's Birthplace *Unknown*

Name of person giving information *✓* How related to deceased *18*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Asthma* How long *6 mos.*

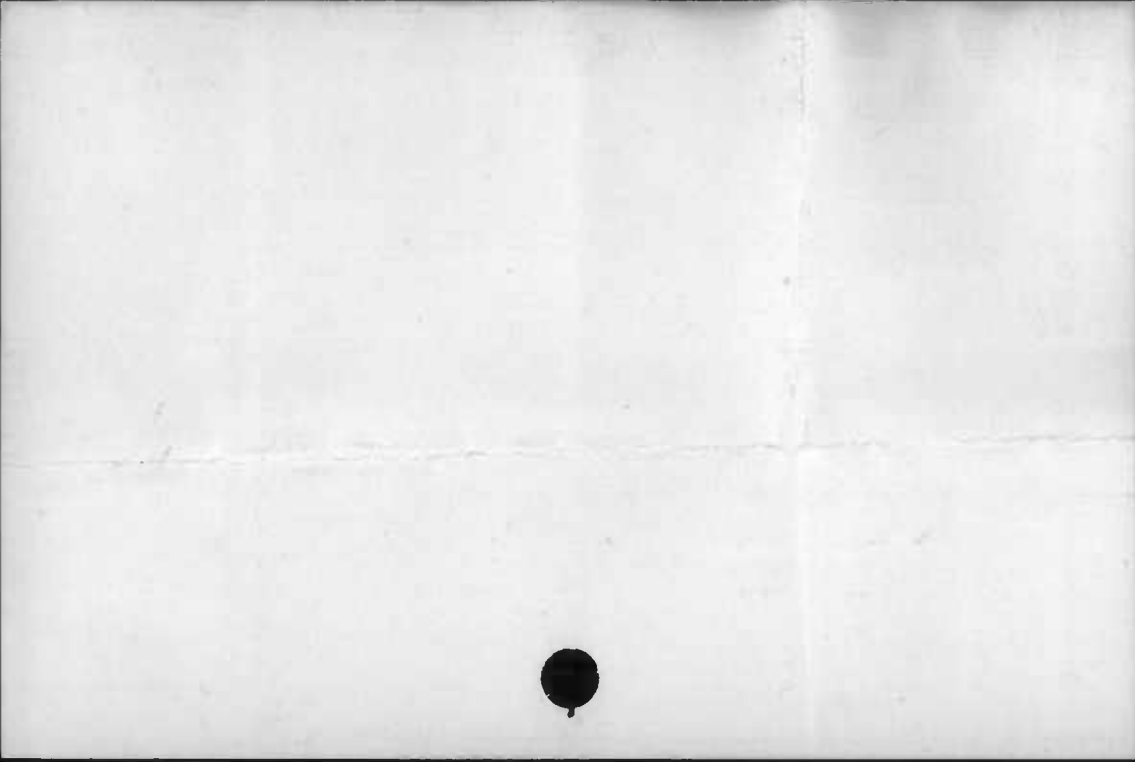
Immediate *Erysipelas of Leg* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *O. J. Carico M.D.*

Address *Cherry Hill*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

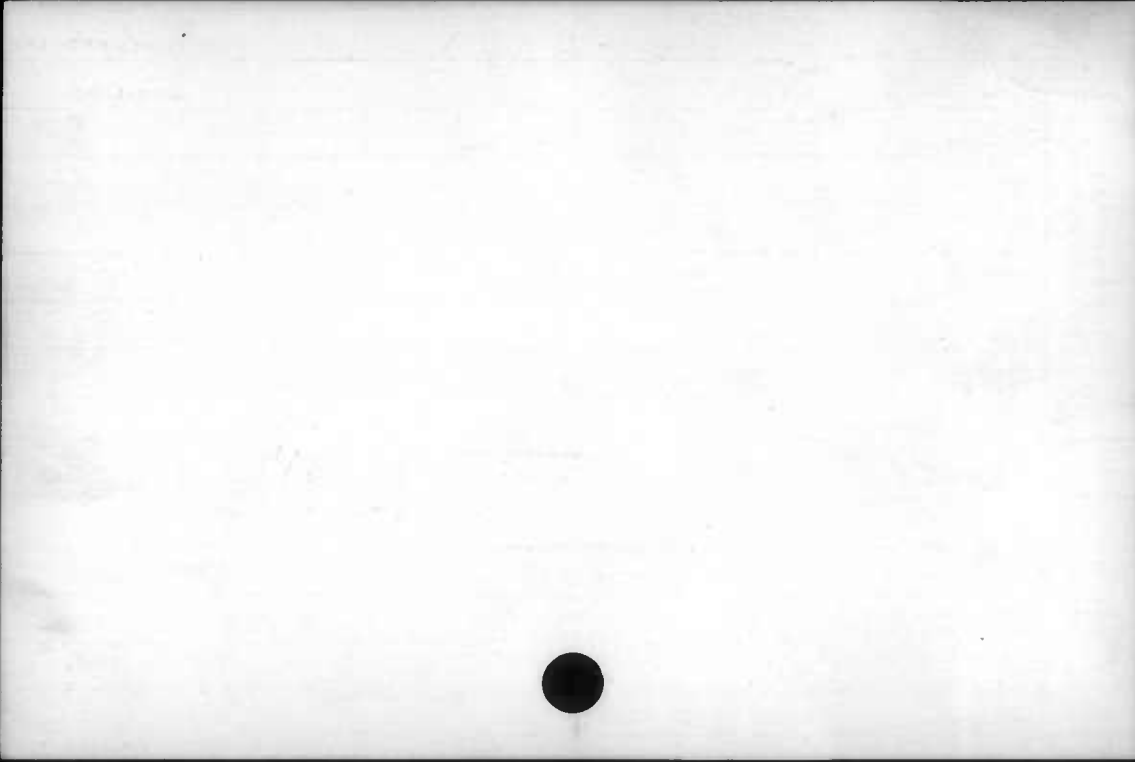
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Eenton</i>		County <i>Cecil</i>		MARYLAND	
Date of death		19 <i>40</i>	Month <i>13</i>	Day <i>20</i>	Age <i>63</i>	Months	Days
Sex <i>male</i>		Color or Race <i>Col</i>		Birth-place <i>Maryland</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Mary Moore</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Walter Moore</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

Primary	<i>Dropsy</i>	How long	<i>54 years</i>
Immediate	<i>Heart Disease</i>	How long	<i>10 Minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Frank Frazier</i>	
Accident or Suicide		Address <i>Eenton Md</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Edward Moose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cherry Hill		County Cecil		MARYLAND	
Date of death	1910	Month March	Day 30	Age Years	69	Months	Days
Sex	Male		Color or Race	white		Birth- place	England
Occupation	Carpenter			Where Residing if not at place of death			—
Married, Single or Widowed	Widower		Name of Wife or Husband		Harrigan		
Father's Name	Not Known					Father's Birthplace	unknown
Mother's Maiden Name	not known					Mother's Birthplace	unknown
Name of person giving Information	Wm. Van Sant					How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Apoplexy	How long	24 hours
Immediate	Exhaustion	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. P. Morrison
		Address	Elkton Md
Accident or Suicide?			

1271



Name
in
Full

David Franklin Nesbitt

CERTIFICATE OF DEATH

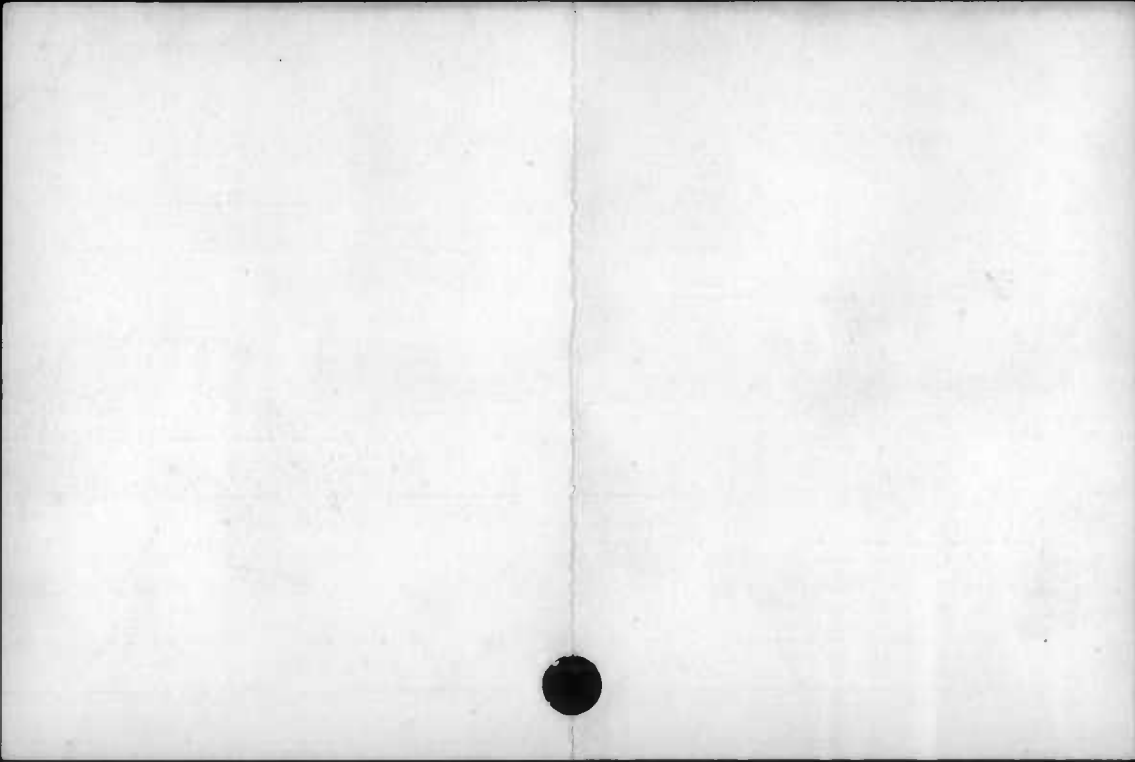
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Princeton</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death <u>1900</u>	<u>March</u> ^{Month}	<u>22</u> ^{Day}	Age <u>82</u> ^{Years}	Months	Days
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Cecil Co</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Unknown</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>D. J. Brown</u>		How related to deceased <u>not at all</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bright's Disease</u>	How long <u>5 or 6 yrs</u>
Immediate <u>Transition</u>	How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. S. Brown</u>
	Address <u>Port Deposit Md</u>
Accident or Suicide?	



Name
in
Full

John W. Phillips.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at North East

Town

Becil

County

Date

of death

1940 March

Month

Day

12

Age

Years

50

Months

4

Days

Sex

male

Color or
Race

white

Birth-
place

North East.

Occupation

laborer.

Where Residing if not
at place of death

North East.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Thomas M. Phillips.

Father's
Birthplace

North East.

Mother's
Maiden Name

Nancy Dennison.

Mother's
Birthplace

North East.

Name of person giving
Information

Mary Phillips.

How related
to deceased

sister.

CAUSES OF DEATH

45

Primary

Cancer Sarcoma Prostateal space 1 year

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

B. M. L. Jr.
N. E.

Accident or Suicide

PHYSICIAN
OR CORONER

Better

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

MARYLAND

County

Died at

Date _____

19 10

Month

Day

Age

Years

76

Months

7

Days

8

Sex

Color or Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

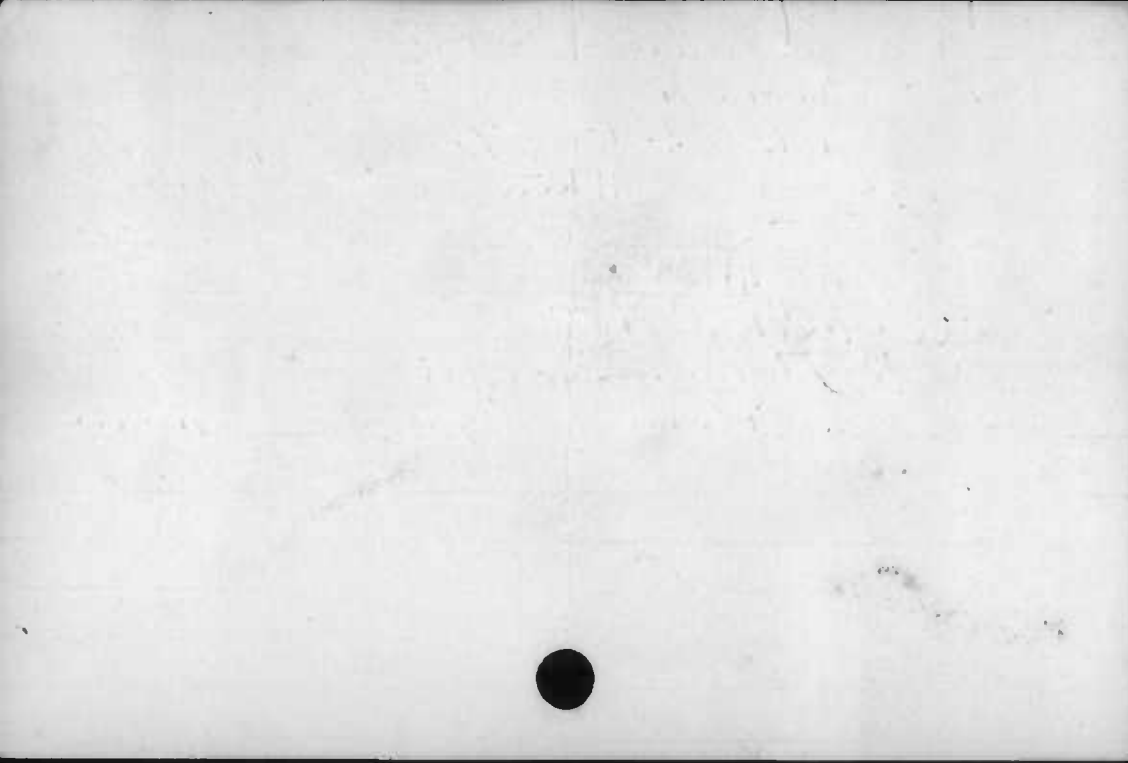
yes

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88616



Name
in
Full

CERTIFICATE OF DEATH

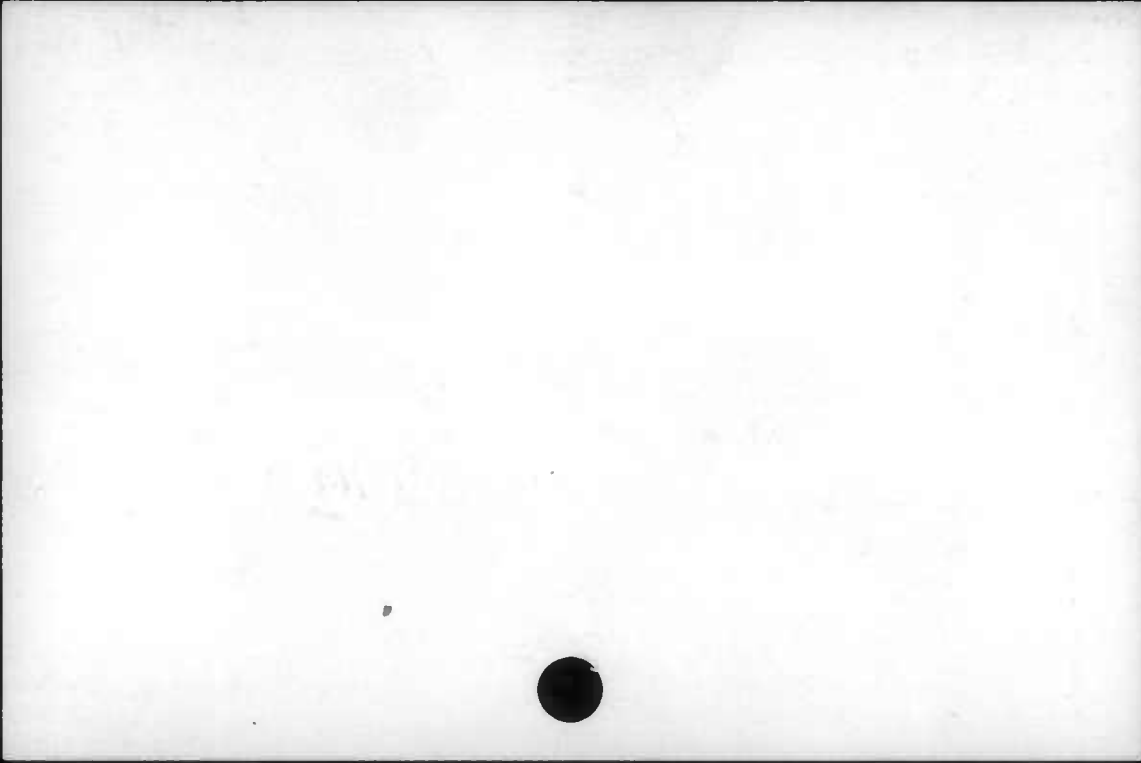
TO BE ANSWERED BY
NEAREST FRIEND

Name *John C. Sauter* Town *Pennsboro* County *Cecil* MARYLAND
Died at
Date of death *1960* Month *3* Day *25* Age *Unknown* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Unknown*
Occupation *Painter* Where Residing if not at place of death *Unknown*
Married, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*
Father's Name *Unknown* Father's Birthplace *Unknown*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information *J. F. Frayer* How related to deceased *No*

CAUSES OF DEATH

Primary *Hit by train running on rails above* How long *166*
Skull fracture
Immediate *Killed by Cars* How long *175*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. F. Frayer* Address *Easton Md*
Accident or Suicide *Accidental*

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles Schmitt 90
 Died at *not* *Eek Mills* *Cecil*
 Town County
 MARYLAND
 Date of death 19*90* *March* *30* Age *48*
 Month Day Years Months Days
 Sex *Male* Color or Race *White* Birth-place *Delaware*
 Occupation *none* Where Residing if not at place of death *—*
 Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *Charles Schmitt Sr* Father's Birthplace *Germany*
 Mother's Maiden Name *Louisa Seibert* Mother's Birthplace *Germany*
 Name of person giving Information *Helen Murnberg* How related to deceased *Sister*

CAUSES OF DEATH

Primary *La Grippe* *10* How long *10 days*
Pneumonia How long *4 days*
 Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

O. J. Corrie M.D.
Cherry Hill,
MD.

270



Name
in
Full

Paul - Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Fair Hill				Cecil -			
Date of death	1900	Month	March	Day	6 th	Age	—
Sex	Male	Color or Race	white	Birth-place	Fair Hill Md	Months	4
Occupation	—			Where Residing if not at place of death	Fair Hill —	Days	
Married, Single or Widowed	—			Name of Wife or Husband	—		
Father's Name	Leroy H Scott -			Father's Birthplace	Appleton Md		
Mother's Maiden Name	Rebecca Holland -			Mother's Birthplace	Fair Hill Md		
Name of person giving Information	Hannah Smith			How related to deceased	Aunt -		

CAUSES OF DEATH

79

Primary	Congestion of Lungs	How long	4 days -
Immediate	Heart Disease	How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?	yes -	Signature of Physician	F. B. West -
		Address	Chambersville - Pa
Accident or Suicide			

PHYSICIAN
OR CORONER

266



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Serena Amanda Seena*
 Town *Singlerly* County *Calvert*
 Died at *Singlerly*
 Date of death 1900 *Feb* Month *21* Day Age *68* Years Months *10* Days
 Sex *Female* Color or Race *Colored* Birth-place *Maryland*
 Occupation *Housewife* Where Residing if not at place of death
 Married, Single or Widowed *Widow* Name of Wife or Husband *David Seena*
 Father's Name *Berj. Davis* Father's Birthplace *Delaware*
 Mother's Maiden Name *Julia Ann Johnson* Mother's Birthplace *Maryland*
 Name of person giving Information *Madeline Adams* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Gastric Ulcer* **102** How long *6 mos*
 Immediata *Hemorrhage* How long *1/2 hr*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. P. Carver M.D.
Cherry Hill,
md.

Accident or Suicide

PHYSICIAN
OR CORONER

269



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Unnamed Snyder*

Died at *Rising Sun* Town *Cecil* County

Date of death *1910* Month *3* Day *16* Age *Stillborn* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Cecil Co Md*

Occupation *—* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Abel W. Snyder* Father's Birthplace *—*

Mother's Maiden Name *Fizzie Snyder* Mother's Birthplace *—*

Name of person giving information *J.B. Slicer* How related to deceased *Notary*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Stillborn* How long *—*

Immediate *—* How long

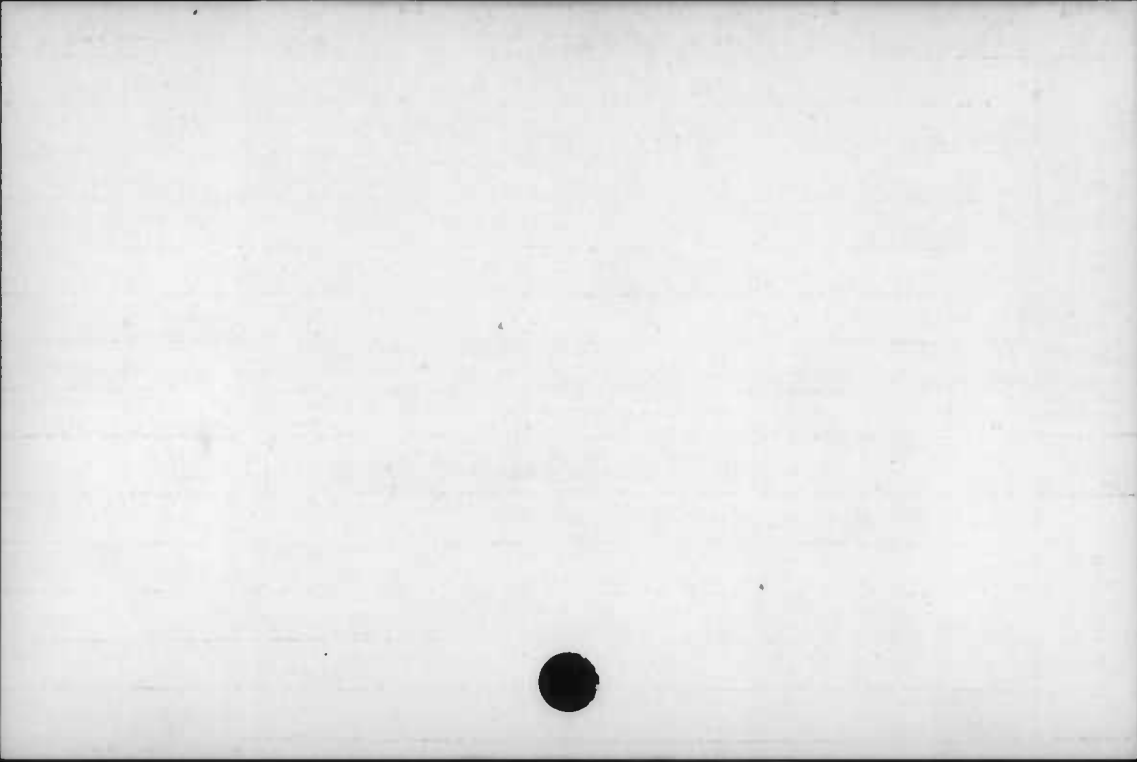
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J.B. Slicer MD*

Address *Rising Sun Md*

Hankin Fitch MD Sec

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

Alford L Stevenson

Town

County

Died at

Principis

County of Cecil

MARYLAND

Date

of death

1900

Month

3

Day

1

Age

Years

49

Months

Days

Sex
Occupation

Male

Color or
Race

Coloured

Birth-
place

Harford Co

Labour

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary Stevenson

Father's
Name

Augustus Stevenson

Father's
Birthplace

Harford Co

Mother's
Maiden Name

Rosa Bond

Mother's
Birthplace

" "

Name of person giving
Information

Mary Stevenson

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Tubercular Peritonitis -

How long

1 yr -

Immediate

Appendicitis

How long

Two days -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Geo. W. Stump

Address

Principis Md -

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Samuel A. Sturgeon

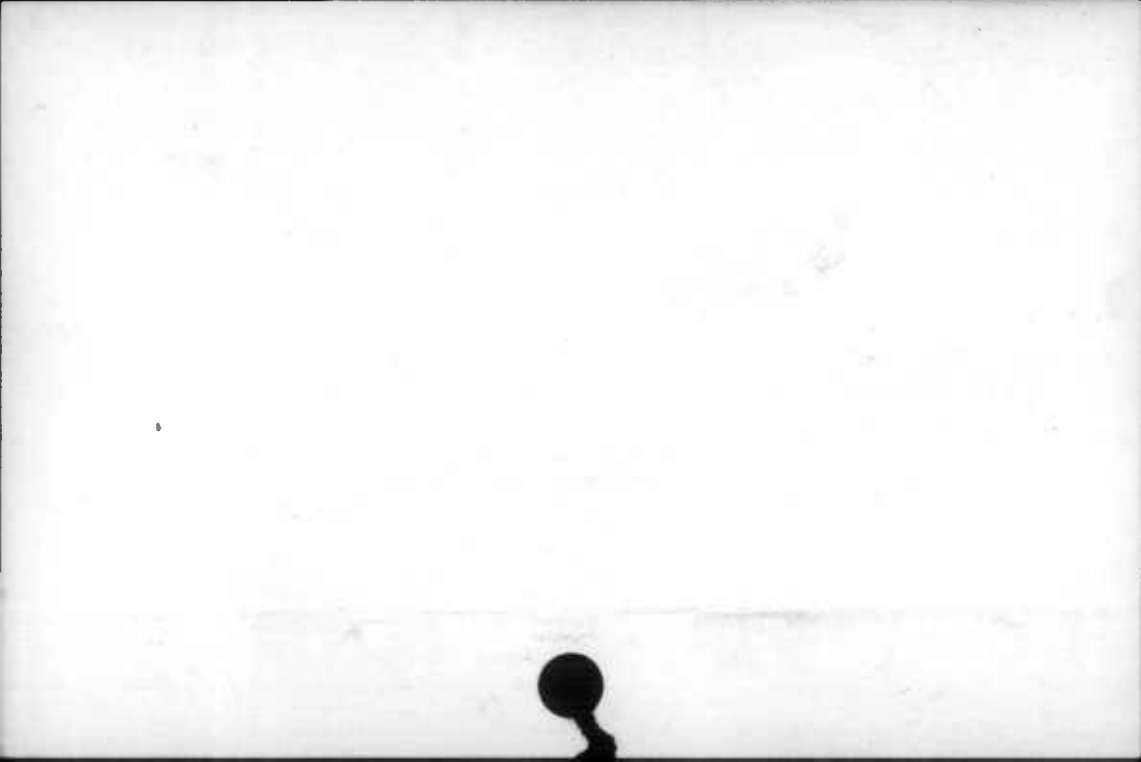
TO BE ANSWERED BY
NEAREST FRIEND

Died at		North East		Cecil		County		MARYLAND					
Date of death		1900		March		16		Age 56		Months 4		Days	
Sex		Male		Color or Race		White		Birthplace		North East			
Occupation		Merchant		Where Residing if not at place of death		North East							
Married, Single or Widowed		Married		Name of Wife or Husband		Elizabeth A. Sturgeon							
Fether's Name		Thos Sturgeon		Father's Birthplace		Not known							
Mother's Maiden Name		Martha A. Redgrave		Mother's Birthplace		Baltimore							
Name of person giving Information		Sam'l A. Sturgeon, Jr.		How related to deceased		Son							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		8 days	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Thos A. Morrall	
Address		North East Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDThomas Henderson Vanpelt
Town Cherry Hill County Cecil

MARYLAND

Died at
Date of death 1910 Month March Day 20 Age 76 Months — Days 13

Sex Male Color or Race white Birth-place Penna

Occupation Pump maker Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Wilhelmina Vanpelt

Father's Name Thomas Vanpelt Father's Birthplace Penna

Mother's Maiden Name Alice Campbell Mother's Birthplace Penna

Name of person giving Information Wilhelmina Vanpelt How related to deceased Wife

CAUSES OF DEATH

Primary Bright Wier How long 120 One Year
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide



285

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

North East

Cecil County

Date

of death

1900

Month

3

Day

7

Age

Years

55

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Pennsylvania

Occupation

Plasterer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Sarah A Worilow

Father's
Name

Nicholas Worilow

Father's
Birthplace

Penna

Mother's
Meiden Name

Sarah Slaughter

Mother's
Birthplace

Penna

Name of person giving
Information

Sarah A. Worilow

How related
to deceased

wife

CAUSES OF DEATH

79

Primery

How long

Immediate

Heart Disease

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

James Hays Corner
Bertou
Md

Accident or Suicide

Wesley Chapple

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jesse J. Wright

Town

County

MARYLAND

Died at Warwick

Caril

Date

of death 1910

Month

March

Day

26

Years

Age 72

Months

10

Days

26

Sex

Male

Color or
Race

white

Birth-
place

Pennsylvania

Occupation

Physician

Where Residing if not
at place of death

Warwick

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

wife dead -

Father's
Name

John Wright

Father's
Birthplace

Pennsylvania

Mother's
Maiden Name

Elizabeth Kirk

Mother's
BirthplaceName of person giving
Information

Galen Wright

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

How long

10 hours

Immediate

Heart failure

How long

6-8 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dorey W. Lewis

Address

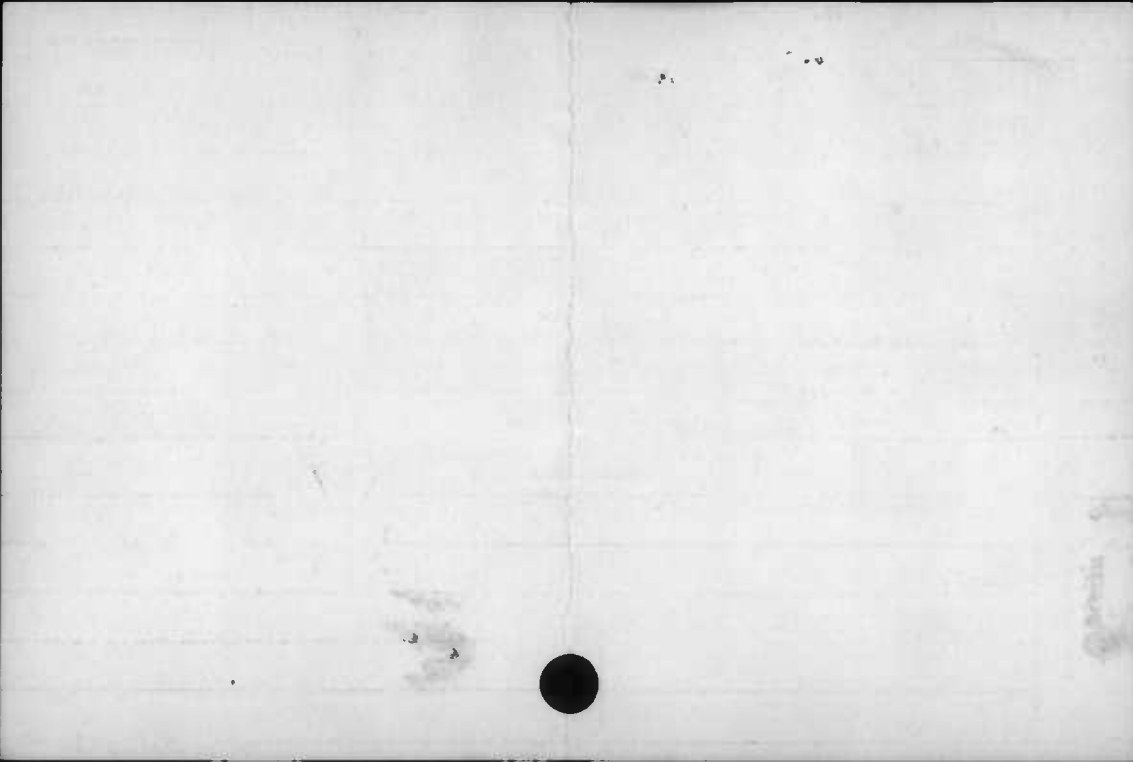
Middleton

Accident or Suicide?

Neither

Delaware

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John G. Zeigler* County *Cecil*
Died at *Port Deposit* Town *Port Deposit*
Date of death 19*90* Month *3* Day *1* Age *57* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Germany*
Occupation *Baker* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husbend *Louise Zeigler*
Father's Name *Unknown* Father's Birthplace *Unknown*
Mother's Maiden Name *"* Mother's Birthplace *Unknown*
Name of person giving Information *Louise Zeigler* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Lobar Pneumonia* How long *26 days*
Immediate *Exhaustion* How long *2 days*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. O. Clummond*
Address *Port Deposit Md*
Accident or Suicide *—*

PHYSICIAN
OR CORONER

